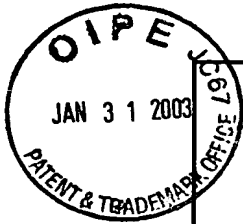


Please type a plus sign inside this box ☐

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |                  |   |                 |
|--|------------------|---|-----------------|
| Application Number                       | 09/595,592       | <b>RECEIVED</b><br>MAR - 4 2003<br>Technology Center 2800 |                 |
| Filing Date                              | June 15, 2000    |   |                 |
| First Named Inventor                     | Anders Andersen  |   |                 |
| Group Art Unit                           | 2816             |   |                 |
| Examiner Name                            | Not Yet Assigned |   |                 |
| Total Number of Pages in This Submission | 1                | Attorney Docket Number                                    | M4065.0792/P792 |

## ENCLOSURES (check all that apply)

|   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)<br>Submission of Revocation of Power of Attorney and New Power of Attorney |
| Remarks<br><br>   |  |   |

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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual Name | DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP<br>Thomas J. D'Amico, Registration No.: 28,371 |
| Signature               |   |
| Date                    | January 31, 2003  |